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45473 75	590 10/16	5/2009				mission	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/566,449	01/27/2006		Leszek Cwiklinski		13779-59	5476	
TITLE OF INVENTION: T AND STORING WOODLA	RAP FOR CATCHIN ND, GARDEN AND	NG WOODLAND, GARI AGRICULTURAL INS	DEN AND AGRICULTS ECT PESTS	JRAL INSECT PES	TS AND METHOD FOR T	*	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/19/2010	
EXAMINE	ER	ART UNIT	CLASS-SUBCLASS	7			
ROWAN, KU	JRT C	3643	043-107000		+		
1. Change of correspondence address or indication of "Fee Address" (3° CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.		nge of Correspondence Indication form cd. Use of a Customer	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent at listed, no name will b	2. For printing on the patent front page, list 1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isted, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or t	ype)	as is identified below the	document has been filed for	
recordation as set forth in	37 CFR 3.11. Comp	letion of this form is NO			ee is identified below, the		
(A) NAME OF ASSIGNEE BASF Aktiengesellschaft			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
DASE AKIIGIYESEIISCIIAIL			Ludwigshafen, Germany				
Please check the appropriate	assignee category or	categories (will not be pr	inted on the patent) ;	Individual 🛛 C	orporation or other private g	roup entity Government	
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies		ermitted)	 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this form). 				
5. Change in Entity Status (☐ b. Applicant is no lo	nger claiming SMA	LL ENTITY status. See 37 (CFR 1.27(g)(2).	
	blication Fee (if requ	ired) will not be accepted	i from anyone other than	the applicant; a reg	istered attorney or agent; or	the assignee or other party in	
a, Applicant claims SN	rds of the United Stat	,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	_	3. Rugle.		Date Janu	uary 15, 2010		
a. Applicant claims SN NOTE: The Issue Fee and Puinterest as shown by the reco	allyn B. Rhode	3. Kugle.	2	Registration 1	No. 56,745		